

Dr. Kripke

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO. 865

## CERTIFICATE OF DEATH

BIRTH NO.

## 1. PLACE OF DEATH

A. COUNTY

Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE  
OR RURAL)  
TOWN MesaC. LENGTH OF STAY  
IN THIS PLACE IN ARIZONA  
15 yr. | 62 yr.D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  
HOSPITAL OR ADDRESS OR LOCATION)  
INSTITUTION 503 East 2nd. Ave.

REGISTRAR'S NO. 46

## 2. USUAL RESIDENCE

(IF WHERE DECEASED LIVED,  
IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE Arizona

B. COUNTY Mari.

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL)

OR TOWN Mesa

D. STREET  
ADDRESS

(IF RURAL, GIVE LOCATION)

503 East 2nd. Ave.

3. NAME OF  
DECEASED

(TYPE OR PRINT)

A. (FIRST)

Milton

B. (MIDDLE)

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C. (LAST)

McRae

4. SEX

male

5. COLOR OR RACE

white

6. MARRIED . . . . .  
NEVER MARRIED ☐  
WIDOWED ☐ DIVORCED ☐

## 7. DATE OF BIRTH

MONTH DAY YEAR

5

8

88

8. AGE

YEARS

62

MONTHS

10

DAYS

12

IF UNDER 24 HOURS

MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK  
DURING MOST OF LIFE, EVEN IF RETIRED).

Miner

9B. KIND OF BUSI-  
NESS OR INDUSTRY  
Copper mines10. BIRTHPLACE (STATE  
OR FOREIGN COUNTRY)  
Arizona11. CITIZEN OF WHAT  
COUNTRY?  
U. S. A.12. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)  
No13. SOCIAL SECURITY  
NO.  
?

14A. FATHER'S NAME

Joseph McRae

14B. BIRTHPLACE  
(STATE OR COUNTRY)

Missouri

15A. MOTHER'S MAIDEN NAME

Maria Taylor

15B. BIRTHPLACE  
(STATE OR COUNTRY)

England

## 16. INFORMANT'S SIGNATURE

Roxie J. McRae (Wife)

ADDRESS

Mesa, Ariz.

17. DATE

OF DEATH

(MONTH)

Feb.

(DAY)

20,

(YEAR)

1951

18. CAUSE OF DEATH  
ENTER ONLY ONE CAUSE  
PER LINE FOR (A), (B),  
(C).\*THIS DOES NOT MEAN  
THE MODE OF DYING.  
SUCH AS HEART FAIL-  
URE, ASTHENIA, ETC.  
IT MEANS THE DISEASE  
INJURY, OR COMPLICA-  
TION WHICH CAUSED  
DEATH.PLACE DISEASE CON-  
TRACTED.I. DISEASE OR CONDITIONS  
DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Coronary Thrombosis

## ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (a) STAT-  
ING THE UNDERLYING CAUSE LAST.

DUE TO (b)

Arteriosclerotic heart  
disease.

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT  
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

Arteriosclerosis.

INTERVAL BETWEEN  
ONSET AND DEATH

immediate

TIONS,  
PSY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒TH  
TO  
NAL  
NCE21A. ACCIDENT  
SUICIDE  
HOMICIDE

(SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME,  
FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN)

(COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

CAL  
NER'S  
ATION22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3:45 PM, 1950 TO Dec. 1950 THAT I LAST SAW THE DECEASED  
ALIVE ON 19 AND THAT DEATH OCCURRED AT 5:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

(DEGREE OR TITLE)  
Morton J. Kripke, M.D.

23B. ADDRESS

Mesa, Ariz.

23C. DATE SIGNED

2-20-51

CAL  
TOR  
33  
2  
RAR 224A. BURIAL ☐  
CREMATION ☐  
REMOVAL ☒

24B. DATE

2-22-51

24C. NAME OF CEMETERY OR CREMATORY

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24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Thatcher, Arizona

25A. DATE REC'D BY  
LOCAL REG.

25B. REGISTRAR'S SIGNATURE

J. M. McRae

26. FUNERAL DIRECTOR'S SIGNATURE

Meldrum Mortuary

ADDRESS

Mesa, Ari

27. EMBALMER'S SIGNATURE

P. H. Raybell

CERT. NO.

229A